WERC-24 FF (S) 06/92

## STATE OF WISCONSIN WISCONSIN EMPLOYMENT RELATIONS COMMISSION

P.O. Box 7870, Madison, WI 53707-7870 (608) 266-1381

## PETITION FOR FACT FINDING IN STATE EMPLOYMENT

Submit an original and 5 copies of this petition to the Commission at Madison. A copy of this petition must be served by the Petitioner on the other party by registered or certified mail.

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negoti prope detern	ations and requests the Wisconsin E authority, pursuant to Sec. 111.88 of	ned below are deadlocked after a reasonable period of imployment Relations Commission to proceed under its fithe Wisconsin Statutes, and conduct an investigation to initiated and certify to the parties the Findings of Fact		
_ 1.	Name and address of the State Emp	loyer involved:		
	Principal Representative:	Phone No.:		
2.	Name, affiliation and address of the Labor Organization involved:			
	Principal Representative:	Phone No.:		
3.	Describe the collective bargaining unit with inclusions and exclusions.			
		Number of Employes:		
4.	List and describe the issues in dispu	ite.		
<del>5</del> .	The parties participated in mediati	on conducted by:		

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Dated at	_, Wisconsin, this	day of	, 19
(Petitioner and affiliation, if an	ny)		
I declare that I have read the almy knowledge and belief.	bove petition and that t	he statements therein	n are true to the best of
By			
Title			
Address			
Phone No			
(Notarial Seal)			